

CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 3/29/13

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 172 SS=C	<p>483.10(j)(1)&(2) RIGHT TO/FACILITY PROVISION OF VISITOR ACCESS</p> <p>The resident has the right and the facility must provide immediate access to any resident by the following:</p> <p>Any representative of the Secretary;</p> <p>Any representative of the State;</p> <p>The resident's individual physician;</p> <p>The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);</p> <p>The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);</p> <p>The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);</p> <p>Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and</p> <p>Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.</p> <p>The facility must provide reasonable access to any resident by any entity or individual that</p>	F 172	<p>483.10(j)(1)&(2) Right To/Facility Provision of Visitor Access SS=C</p> <p><u>Requirement:</u> The resident will have the right and the facility will provide immediate access to any resident by the following: any representative of the Secretary; any representative of the State; the resident's individual physician; and the State long term care ombudsman.</p> <p><u>Corrective Action:</u> 1. On 2/22/13 the Activities Director met with resident #57, resident #107, and resident #27 to inform them of how to contact representatives of the state and the long-term care ombudsman. 2. On 2/25/13 the Activities Director met with the facility Resident Council group to inform them of how to contact representatives of the state and the long-term care ombudsman. 3. On 2/25/13 the Administrator conducted an inservice with the Activity Department, Social Services, and the Admission Coordinator regarding the need to inform the residents on how to contact representatives of the state and the long-term care ombudsman. 4. The facility Activity Director and Activity Assistant will monitor for compliance through monthly meetings with resident council representatives as well as quarterly interviews with residents. Will be ongoing. Findings will be reviewed in Quality Assurance Committee.</p>	02/25/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 172	<p>Continued From page 1</p> <p>provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to provide notification of access to representatives of the state and the ombudsman to three (#57, #107, and #27) of three residents interviewed.</p> <p>The findings included:</p> <p>Medical record review of a quarterly Minimum Data Set (MDS) dated December 20, 2012, for resident #57 revealed the resident scored a 15 on the brief interview for mental status (BIMS), indicating the resident was cognitively intact.</p> <p>Interview with resident #57 on February 4, 2013, at 4:06 p.m., in the resident's room, revealed the resident was not informed on how to contact representatives of the state or the ombudsman.</p> <p>Medical record review of a quarterly Minimum Data Set (MDS) dated November 12, 2012, for resident #107 revealed the resident scored a 11 on the brief interview for mental status (BIMS), indicating the resident was cognitively intact.</p> <p>Interview with resident #107 on February 6, 2013, at 7:43 a.m., in the resident's room, revealed the resident was not informed on how to contact representatives of the state or the ombudsman.</p>	F 172			

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F 172	Continued From page 2 Medical record review of a quarterly Minimum Data Set (MDS) dated January 2, 2013, for resident #27 revealed the resident scored a 15 on the brief interview for mental status (BIMS), indicating the resident was cognitively intact. Interview with resident #27 on February 6, 2013, at 10:30 a.m., in the resident's room, revealed the resident was not informed on how to contact representatives of the state or the ombudsman Interview with the Activity Director and the Activity Assistant on February 6, 2013, at 2:44 p.m., in the dining room, revealed the resident's access to representatives of the state or the ombudsman had not been discussed with any of the residents, nor had it been discussed during any resident council meetings.	F 172			
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to assess for the use of a restraint for one resident (#30) of three residents reviewed for the use of physical restraints. The findings included:	F 221	483.13(a) Right To Be Free From Physical Restraints SS=D <u>Requirement:</u> The facility will ensure that a resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. <u>Corrective Action:</u> 1. On 2/7/13 the Director of Nursing obtained a new order for a reclined gerichair for resident # 30. A pre-restraint assessment was completed and informed consent obtained from family by the Director of Nursing on same day. 2. On 2/22/13 Director of Nursing and Staffing Coordinator conducted visual audits of residents in reclined gerichairs to ensure proper documentation and assessment of potential restraint usage.		

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F 221	<p>Continued From page 3</p> <p>Resident #30 was admitted to the facility on November 27, 2012, with diagnoses including Subdural Hematoma, Dementia, Muscular Wasting, Congestive Heart Failure, and Anemia.</p> <p>Medical record review of a physician's order dated January 13, 2013, revealed "...geri chair (reclining chair) for pt (patient)..."</p> <p>Observation on February 4, 2013, at 12:48 p.m., revealed the resident was sitting in the 500 hallway seated in a reclined geri chair. Continued observation on February 7, 2013, at 8:16 a.m., revealed the resident was sitting in the 500 hallway in a reclined geri chair.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on February 7, 2013, at 8:43 a.m., outside the resident's room, confirmed the resident was unable to upright the geri chair. LPN #1 stated "...it is in a locked reclined position (pointed to a metal bar attached to the back of the geri chair) some of the chairs can be uprighted, but this one can't..."</p> <p>Interview with the Director of Nursing (DON) on February 7, 2013, at 9:32 a.m., outside the DON office, confirmed the resident was unable to upright the geri chair and the facility had failed to assess the use of a restraint prior to use for resident #30.</p>	F 221	<p>3. On 2/23/13 the Staffing Coordinator conducted inservicing with nursing personnel regarding the proper observation and assessment for potential restraints. Nursing personnel inserviced on recognition of change in condition of residents.</p> <p>4. The Director of Nursing, Assistant Director of Nursing, and Staffing Coordinator to monitor for compliance through weekly observations X30 days. If compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.</p>	02/23/13	
F 248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being</p>	F 248	<p>483.15(f)(1) Activities Meet Interests/Needs of Each Resident SS=D</p> <p><u>Requirement:</u> The facility will ensure that an ongoing program of activities is designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p>		

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F 248	<p>Continued From page 4 of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to provide activities to meet the needs of one resident (#97) of thirty-eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #97 was admitted to the facility on April 16, 2008, with diagnoses including HTN (Hypertension), Hypothyroidism, Hyperglycemia, Dementia, Psychosis, Delusions, Depression with Behavioral Disturbance, Palpitations, Osteoarthritis, Leukocytosis, Alzheimer's Disease, Dysphagia, and Anemia.</p> <p>Medical record review of the care plan dated May 16, 2012, and updated January 15, 2014 (2013), revealed "...resident is at risk for social isolation d/t (due to) little or no interest in participating in activities program...goal resident will engage in socialization with other residents at least once weekly...interventions...encourage resident to attend fine dining program to provide opportunities for socialization...invite resident to social activities and encourage attendance...Provide 1:1 (one to one) activities to resident...provide resident and family with calendar of activities...respect resident's right to refuse..."</p> <p>Observation of the resident on February 4, 2013, at 11:00 a.m., and 2:32 p.m., February 5, 2013, at 9:05 a.m., February 6, 2013, at 10:35 a.m., and</p>	F 248	<p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> 1. On 2/13/13 Activity Director ensured music was turned on for resident #97 in her room after meals. 2. On 2/22/13 Activity Director conducted audit of residents who receive one-on-one activities to ensure needs were being appropriately met. 3. On 2/25/13 inservice was conducted by Administrator to Activity Director and Activity Assistant regarding the importance of developing appropriate one-on-one activities. On 2/25/13 inservice conducted by Activity Director with front-line staff regarding the need to turn on music in resident #97's room after meals. 4. The Activity Director and Activity Assistant will monitor for compliance through weekly observations X60 days. If compliance is maintained decrease audits to monthly X6 months. Findings will be reviewed in Quality Assurance Committee. 	02/25/13	

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F 248	<p>Continued From page 5</p> <p>2:00 p.m., and February 7, 2013, at 8:45 a.m., 10:20 a.m., and 1:05 p.m., revealed each time the resident was in a quiet resident room with no music or television playing.</p> <p>Telephone interview with the resident's adult child on February 5, 2013, at 2:35 p.m., revealed would like resident to have more activity participation for stimulation.</p> <p>Observation of the resident on February 6, 2013, at 10:05 a.m., in the activities room revealed the resident in the activities room with a visitor, during a singing activity.</p> <p>Interview with the Activities Assistant on February 6, 2013, at 10:30 a.m., in the hallway at the south nursing station, revealed the resident went to activities 4-5 times a month, usually singing "because...likes singing" the spouse always attended with the resident and stated "there is a CD player in...room for music because...likes music..."</p> <p>Interview with the Activities Director on February 7, 2013, at 12:23 p.m., in the activities room revealed the activity logs indicated the resident was involved in "one on one" activities on twelve days between November 21, 2012 and January 29, 2013, (seventy days). Further interview confirmed music was the most appropriate activity for the resident and unit staff (nurses and certified nursing assistants) had not been instructed to turn the CD player on for the resident.</p>	F 248			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS	F 279	483.20(d) 483.20(k)(1) Develop Comprehensive Care Plans SS=D		

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F 279	<p>Continued From page 6</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to revise a comprehensive care plan for two residents (#57 and #97) of thirty-eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #57 was admitted to the facility on January 25, 2012, with diagnoses including Pancreatitis, Congestive Heart Failure, Anemia, Chronic Obstructive Pulmonary Disease, and Failure to Thrive.</p> <p>Medical record review of a Minimum Data Set</p>	F 279	<p><u>Requirement:</u> The facility will use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility will develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs.</p> <p><u>Corrective Action:</u> 1. On 2/25/13 the care plan for resident #57 was updated to reflect that the resident had broken and decayed teeth. On 2/25/13 the care plan for resident #97 was updated to reflect that the resident had a desire to have music on a CD player played in their room after meals. 2. On 2/25/13 MDS coordinators reviewed residents for accuracy of care plans. Ongoing. 3. On 2/25/13 inservice was conducted by the Administrator with the MDS Coordinators regarding the need to have accurate information reflected in the residents care plans. 4. The facility MDS Coordinators will assess quarterly the accuracy of residents care plans. Findings will be reviewed in Quality Assurance Committee.</p>	02/25/13	

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F 279	<p>Continued From page 7</p> <p>(MDS) dated June 4, 2012, revealed the resident had "...obvious or likely cavity or broken natural teeth..."</p> <p>Medical record review of a facility Care Plan, last updated February 6, 2013, revealed the care plan had not been updated to reflect broken and decayed teeth.</p> <p>Interview with the Licensed Practical Nurse #1, on February 11, 2013, at 10:25 a.m., confirmed the care plan was not updated to indicate the resident had broken and decayed teeth.</p> <p>Resident #97 was admitted to the facility on April 16, 2008, with diagnoses including Hypertension, Hypothyroidism, Hyperglycemia, Dementia, Psychosis, Delusions, Depression with Behavioral Disturbance, Palpitations, Osteoarthritis, Leukocytosis, Alzheimer's Disease, Dysphagia, and Anemia.</p> <p>Medical record review of the Minimum Data Set (MDS) dated May 15, 2012, revealed music activity was very important to him/her.</p> <p>Medical record review of the care plan dated May 16, 2012, and updated January 15, 2014 (2013), revealed "...resident is at risk for social isolation d/t (due to) little or no interest in participating in activities program...goal resident will engage in socialization with other residents at least once weekly...interventions...encourage resident to attend fine dining program to provide opportunities for socialization...invite resident to social activities and encourage attendance...Provide 1:1 (one to one) activities to</p>	F 279			

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F 279	Continued From page 8 resident...provide resident and family with calendar of activities...respect resident's right to refuse..."	F 279			
	Medical record review of the Quarterly Activity Review Progress Notes dated January 9, 2013, revealed "...2-3 times month...singers...CD in room...resident taken...music activities weekly if out of bed..."				
	Interview with the Activities Assistant on February 6, 2013, at 10:30 a.m., in the hallway at the south nursing station, revealed the resident goes to activities 4-5 times a month, usually singing "because...likes singing," the spouse always attended with the resident and stated "there is a CD player in...room for music because ...likes music ..."				
	Medical record review of the care plan dated February 6, 2013, revealed no care planning for music or to turn on CD player.				
	Interview with the Activities Director on February 7, 2013, at 12:23 p.m., in the activities room, confirmed the care plan did not address the resident's desire to have activities involving music or to play the CD player in the room.				
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	F 282	483.20(k)(3)(ii) Services BY Qualified Persons/Per Care Plan SS=D		
	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.		<u>Requirement:</u> The services provided or arranged by the facility will be provided by qualified persons in accordance with each resident's written plan of care.		
	This REQUIREMENT is not met as evidenced				

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F 282	<p>Continued From page 9</p> <p>by: Based on observation, medical record review and interview, the facility failed to provide dental care by a qualified professional for one resident (#135) and failed to follow the care plan for monitoring Vitamin D levels for one resident (#52) of thirty-eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #135 was admitted to the facility on May 5, 2011, with diagnoses including Status Post (after) Fall, Hypertension, Anemia, Anxiety, Depression, and Severe End-Stage Alzheimer's Disease.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated November 23, 2012, revealed the resident required extensive assistance with all activities of daily living (ADLs) and was severely cognitively impaired.</p> <p>Observation of the resident on February 6, 2013, in the resident's room, at 9:00 a.m., revealed the resident in a reclined Geri-chair and appeared to be sleeping. Continued observation of the resident on February 6, 2013, at 10:55 a.m., revealed the resident in a reclined Geri-chair in the hallway outside of the resident's room and was alert, however did not speak. Continued observation of the resident at that time revealed multiple missing teeth on the bottom of the mouth and two upper front teeth which were noted to be black and worn down.</p> <p>Medical record review revealed a physician's order dated March 4, 2012: "...Dental referral-missing teeth, carries..."</p>	F 282	<p><u>Corrective Action:</u></p> <p>1. (a) On 2/7/13 Social Worker made arrangements for resident #135 to be seen by a dentist. On 2/25/13 dentist at facility to see resident #135. (b) On 2/7/13 lab work was ordered for resident #52 concerning Vitamin D levels. On 2/8/13 results of lab work was received by facility. On 2/8/13 physician was notified and new orders were noted.</p> <p>2. (a) On 2/22/13 Social Services Director performed audit of residents to ensure that residents who required dental intervention were identified to be seen. (b) On 2/22/13 Director of Nursing performed audit of residents with Vitamin D deficiencies to ensure that there were appropriate diagnosis and labs were ordered/received/ and processed timely.</p> <p>3. On 2/25/13 inservice was conducted by Administrator with Social Services Director concerning need to have residents seen timely by dentist. On 2/22/13 inservice was conducted by Director of Nursing with nursing personnel concerning the proper monitoring of residents with Vitamin D deficiencies.</p> <p>4. (a) The facility Social Services Director will complete monthly audits X4 months, if compliance is maintained decrease audits to quarterly. Findings will be reviewed in Quality Assurance Committee. (b) The facility Director of Nursing and Assistant Director of Nursing will complete weekly audits X60 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee</p>	02/25/13	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445427	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/12/2013
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 282	<p>Continued From page 10</p> <p>Continued medical record review of the resident's care plan dated March 14, 2012, revealed "...Social Services referral for dental consult r/t (related to) missing teeth/carries..."</p> <p>Continued review of the resident's medical record revealed no documentation of a dental consult provided or of the resident being examined by a dentist.</p> <p>Interview with Social Services on February 6, 2013, in the hallway outside of the Main Dining room, at 10:25 a.m., confirmed the resident had not been seen by a dentist after the referral was made and, "...it's my fault...it didn't get done..."</p> <p>Resident #52 was admitted to the facility on March 2, 2005, with diagnoses including Dementia with Psychosis, Parkinson's, Hypertension, Atherosclerotic Heart Disease, Anemia, Congestive Heart Failure, Arthritis, Bundle Branch Block, Conjunctivitis, Constipation, Tremors, Degenerative Joint Disease, and Vitamin D Deficiency.</p> <p>Medical record review of physician orders dated October 13, 2012, revealed "Vitamin D 2,000 IU (International Units) po (by mouth) qday (every day)...Add dx: (diagnosis), Vit (Vitamin) D deficiency..."</p> <p>Medical record review of a Progress Note dated October 13, 2012, revealed "...osteoporosis s/p (status post) hip fx (fracture)...OA (osteoarthritis)...Add vit D ..."</p>	F 282			

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F 282	Continued From page 11 Medical record review of the Care Plan dated December 5, 2012, revealed, "...resident at risk for low Vitamin D levels placing at risk for problems with weak bones...goal, Vitamin D level will be wnl (within normal limits)...interventions, med (medication) as ordered...labs as ordered..." Medical record review of the physician's orders revealed no order for Vitamin D levels. Interview with the DON (Director of Nursing,) and the ADON (Assistant Director of Nursing), on February 7, 2013, at 10:30 a.m., in the DON office confirmed the facility failed to obtain a physician's order for Vitamin D levels as care planned.	F 282			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to complete a bladder assessment for one resident (#30) of 38 residents reviewed.	F 315	483.25(d) No Catheter, Prevent UTI, Restore Bladder SS=D <u>Requirement:</u> The facility will ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder will receive appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. <u>Corrective Action:</u> 1. On 2/23/13 Director of Nursing completed a bladder assessment on resident #30. 2. On 2/23/13 Director of Nursing conducted audit of residents who declined, were newly admitted, or re-admitted to facility for appropriate bladder assessment. 3. On 2/23/13 inservice conducted by Director of Nursing with nursing personnel regarding the proper completion of bladder assessments for residents who declined, were newly admitted, or re-admitted to the facility.		

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F 315	<p>Continued From page 12</p> <p>The findings included:</p> <p>Resident #30 was admitted to the facility on January 1, 2013, with diagnoses including Congestive Heart Failure, Alzheimer's Disease, Dysphagia, Anemia, Rheumatoid Arthritis, Esophageal Reflux, Insomnia, Chronic Kidney Disease, Lupus, and Vitamin D Deficiency.</p> <p>Medical record review of the admission assessment revealed the resident was admitted to the hospital from December 11, 2012, to January 1, 2013.</p> <p>Medical record review of the Admission Minimum Data Set (MDS) dated December 4, 2012, revealed the resident was admitted to the hospital from December 11, 2012, to January 1, 2013.</p> <p>Medical record review of a significant change MDS dated January 7, 2013, revealed the resident was frequently incontinent (7 or more episodes of urinary incontinence).</p> <p>Observation and interview with the resident on February 6, 2013, at 7:55 a.m., on the 600 hallway, revealed the resident in a gerichair and very confused.</p> <p>Interview with certified nurse assistant, (CNA) #1 on February 11, 2013, at 4:25 p.m. on 600 hall revealed, CNAs check on the resident every 2 hours, and "lately the resident had been continent with assistance from the CNA."</p> <p>Interview with MDS Coordinator #1 on February 11, 2013, at 4:04 p.m., in the MDS</p>	F 315	<p>4. The facility Director of Nursing, Assistant Director of Nursing, and Staffing Coordinator will complete weekly audits X30 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.</p>	02/23/13	

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F 315	Continued From page 13 Coordinators' office, confirmed the resident had declined after returning from the hospital, and was incontinent after re-admission to the facility. Further interview confirmed, a bladder assessment was to be done on all residents who declined, or upon readmission after a hospital stay, and a bladder assessment had not been done.	F 315			
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced	F 329	483.25(l) Drug Regimen Is Free From Unnecessary Drugs SS=D <u>Requirement:</u> Each resident's drug regimen will be free from unnecessary drugs. The facility will ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record. <u>Corrective Action:</u> 1. (a) On 2/10/13 Director of Nursing addressed the behavior monitoring sheets for resident #57 and resident #135 in relation to the antipsychotic medications which both residents were taking. (b) On 2/13/13 Director of Nursing contacted physician and received order to decrease the Abilify on resident #57, in accordance with the required gradual dose reduction. 2. On 2/23/13 Director of Nursing and Assistant Director of Nursing conducted audit of residents on antipsychotic medications for accuracy of behavior monitoring sheets and for appropriate dosage reductions. 3. On 2/23/13 inservice was conducted by Director of Nursing with nursing personnel regarding the monitoring of targeted behaviors for residents receiving antipsychotic medications as well as attempting gradual dose reductions for residents on antipsychotic medications.		

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F 329	<p>Continued From page 14</p> <p>by:</p> <p>Based on medical record review, observation and interview, the facility failed to provide adequate monitoring of targeted behaviors for residents receiving antipsychotic medication for two residents (#57 and #135) and failed to attempt gradual dose reduction (GDR) of an antipsychotic medication for one resident (#57) of ten residents reviewed.</p> <p>The findings included:</p> <p>Resident #57 was admitted to the facility on January 25, 2012, with diagnoses including Diabetes Mellitus Type 2, Aspiration Pneumonia, Stage Three Sacral Ulcer, Dementia, Hypertension, Bipolar Disorder, Hypothyroidism, and Anorexia.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated November 12, 2012, revealed the resident requires extensive assistance with all Activities of Daily Living (ADLs) and was severely cognitively impaired.</p> <p>Medical record review of physician's orders dated June 13, 2012, revealed "restart Abilify 5 mg (milligrams) po (by mouth) at hs (hour of sleep)."</p> <p>Medical record review of the resident's current care plan revealed "...Resident at risk for mood/behaviors and side effects of psych (psychiatric) med use." Continued review of the resident's current care plan revealed the intervention as: "...Staff to monitor for any mood/behaviors or changes in mood/behaviors..."</p> <p>Medical record review of the resident's current</p>	F 329	<p>4. The facility Director of Nursing, Assistant Director of Nursing, Staffing Coordinator, and Social Services Director will complete weekly audits X30 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.</p>	02/23/13	

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F 329	<p>Continued From page 15</p> <p>MARs (Medication Administration Record) with attached Behavior Monitoring Flowsheet, revised January 2011, for the month of February 2013, revealed no targeted behaviors to monitor and a check-mark in the box "...Monitor Side Effects Only..."</p> <p>Continued medical record review of physician's orders from June 3, 2012, to February 11, 2013, revealed no physician orders to attempt Gradual Dose Reduction (GDR) of Abilify, an antipsychotic medication.</p> <p>Observations of the resident on February 6, 2013, in the resident's room, at 7:55 a.m. and 9:20 a.m., revealed the resident laying in the bed, flat on back, and watching tv. Observation of the resident on February 6, 2013, in the resident's room, at 3:18 p.m., revealed the resident laying in the bed, flat on back, and appeared to be sleeping.</p> <p>Observations of the resident on February 7, 2013, in the resident's room, at 7:50 a.m., revealed the resident laying in the bed with over-bed table across lap eating breakfast. Continued observation of the resident at 12:25 p.m., revealed the resident laying in the bed with over-bed table across lap and eating lunch.</p> <p>Interview with the Director of Nursing (DON) on February 7, 2013, at 10:46 a.m., in the DON's office, confirmed antipsychotic medication was to have targeted behaviors documented on Behavior Monitoring Flowsheet and behavior monitoring was to occur. Continued interview with the DON confirmed no behavior monitoring occurred for the resident.</p>	F 329			

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F 329	<p>Continued From page 16</p> <p>Interview with the DON on February 11, 2013, at 4:26 p.m., in the DON's office, confirmed no gradual dose reduction (GDR) of an antipsychotic medication had been attempted, and no documentation from the physician a GDR was not possible, since the initiation of the resident's antipsychotic medication on June 3, 2012.</p> <p>Resident #135 was admitted to the facility on May 5, 2011, with diagnoses including Status Post (after) Fall, Hypertension, Anemia, Anxiety, Depression, and Severe End-Stage Alzheimer's Disease.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated November 23, 2012, revealed the resident required extensive assistance with all activities of daily living (ADLs) and was severely cognitively impaired.</p> <p>Observation of the resident on February 6, 2013, in the resident's room, at 9:00 a.m., revealed the resident in a reclined Geri-chair and appeared to be sleeping. Continued observation of the resident on February 6, 2013, at 10:55 a.m., revealed the resident in a reclined Geri-chair in the hallway outside of the resident's room and was alert, however did not speak.</p> <p>Medical record review of the resident's current care plan revealed "...Resident at risk for mood/behaviors and side effects of psych med use to manage mood/behaviors..." Continued review of the resident's current care plan revealed intervention as "...Staff to monitor for any mood/behaviors or changes in mood or behaviors, assess for possible underlying</p>	F 329			

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F 329	Continued From page 17 causes..."	F 329			
	Medical record review of the resident's current MARs (Medication Administration Record) with attached Behavior Monitoring Flowsheet, revised January, 2011, for the month of February 2013, revealed no targeted behaviors to monitor and documentation for side-effects only.				
	Interview with the Director of Nursing (DON) on February 7, 2013, at 10:46 a.m., in the DON's office, confirmed antipsychotic medication was to have targeted behaviors documented on Behavior Monitoring Flowsheet and behavior monitoring was to occur. Continued interview with the DON confirmed no behavior monitoring occurred for the resident.				
F 371 SS=B	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371	483.35(i) Food Procure, Store/Prepare/Serve - Sanitary SS=B		
	The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions		<u>Requirement:</u> The facility will (1) procure food from sources approved or considered satisfactory by Federal, State, or local authorities; and (2) store, prepare, distribute and serve food under sanitary conditions.		
	This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide sanitary storage of food in one of two resident nourishment refrigerators.		<u>Corrective Action:</u> 1. On 2/12/13 items identified as not having labels and dates in the nourishment room refrigerator were removed by the Dietitian. 2. On 2/12/13 the Dietitian conducted an audit of refrigerators within the facility to ensure that there were no other open items without labels and dates. 3. On 2/15/13 inservice conducted by Administrator with facility staff regarding the placement of labels and dates on items which have been opened and placed in refrigerators.		
	The findings included:				

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F 371	Continued From page 18 Observation of the south hall resident nourishment refrigerator on February 11, 2013, at 2:50 p.m., revealed: 1. a one gallon container of fruit punch one-third full opened and not labeled 2. a half pint container of whole milk, half full, opened and not labeled 3. two one liter containers of bottled water one-third full, opened and not labeled 4. a ten ounce container of orange juice half full, opened and not labeled Interview with the Director of Nursing and the Licensed Dietitian, at that time, confirmed the beverages should be dated when opened and labeled with the resident's name.	F 371	4. The facility Director of Nursing, Assistant Director of Nursing, Staffing Coordinator, and Dietitian will complete weekly audits X30 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.	02/15/13	
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to provide routine dental services for two (#57 and #135) of three	F 412	483.55(b) Routine/Emergency Dental Services in NFS SS=D <u>Requirement:</u> The facility will provide or obtain from an outside resource routine and emergency dental services to meet the needs of each resident. The facility will assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and will promptly refer residents with lost or damaged dentures to a dentist. <u>Corrective Action:</u> 1. On 2/7/13 Social Services Director contacted dentist regarding resident #57 and resident #135. On 3/23/13 resident #57 was seen by a dentist at the facility. On 2/25/13 resident #135 was seen by dentist at the facility. 2. On 2/22/13 Social Services Director performed audit of residents to ensure that residents who required dental intervention were identified to be seen.		

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F 412	<p>Continued From page 19 residents reviewed.</p> <p>The findings included:</p> <p>Resident #57 was admitted to the facility January 25, 2012, with diagnoses including Pancreatitis, Congestive Heart Failure, Anemia, Chronic Obstructive Pulmonary Disease, and Failure to Thrive.</p> <p>Medical record review of a Minimum Data Set (MDS) dated June 4, 2012, revealed the resident had "...obvious or likely cavity or broken natural teeth..."</p> <p>Observation on February 4, 2013 at 4:06 p.m., in the resident's room, revealed the resident had several missing and broken teeth. Interview with the resident, at that time, revealed the resident was experiencing gum pain.</p> <p>Interview with the Social Services Director on February 7, 2013, at 1:35 p.m., at the south wing nurses station, revealed the resident's dental status was assessed on admission, but had not been re-assessed.</p> <p>Resident #135 was admitted to the facility on May 5, 2011, with diagnoses including Status Post (after) Fall, Hypertension, Anemia, Anxiety, Depression, and Severe End-Stage Alzheimer's Disease.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated November 23, 2012, revealed the resident required extensive assistance with all activities of daily living (ADLs)</p>	F 412	<p>3. On 2/25/13 inservice was conducted by Administrator with Social Services Director concerning need to have residents seen timely by dentist.</p> <p>4. The facility Social Services Director will complete monthly audits X4 months, if compliance is maintained decrease audits to quarterly. Findings will be reviewed in Quality Assurance Committee.</p>	03/23/13	

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F 412	Continued From page 20 and was severely cognitively impaired. Observation of the resident on February 6, 2013, in the resident's room, at 9:00 a.m., revealed the resident in a reclined Geri-chair and appeared to be sleeping. Continued observation of the resident on February 6, 2013, at 10:55 a.m., revealed the resident in a reclined Geri-chair in the hallway outside of the resident's room and was alert, however did not speak. Continued observation of the resident at that time revealed, multiple missing teeth on the bottom of mouth and two upper front teeth which were noted to be black and worn down. Medical record review revealed a physician's order dated March 4, 2012 "...Dental referral-missing teeth, carries..." Continued medical record review of the resident's care plan dated March 14, 2012, revealed "...Social Services referral for dental consult r/t (related to) missing teeth/carries..." Continued review of the resident's medical record revealed no documentation of a dental consult provided or of the resident being examined by a dentist. Interview with Social Services on February 6, 2013, in the hallway outside of the Main Dining room, at 10:25 a.m., confirmed the resident had not been seen by a dentist after the referral was made and, "...it's my fault...it didn't get done..."	F 412			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be	F 428	483.60(c) Drug Regimen Review, Report SS=D		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 428	<p>Continued From page 21</p> <p>reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility documentation review and interview, the facility failed to act upon a recommendation from the consultant pharmacist for one resident (#57) of thirty-eight residents reviewed.</p> <p>The findings Included:</p> <p>Resident #57 was admitted to the facility on January 25, 2012, with diagnoses including Diabetes Mellitus Type 2, Aspiration Pneumonia, Stage Three Sacral Ulcer, Dementia, Hypertension, Bipolar Disorder, Hypothyroidism, and Anorexia.</p> <p>Medical record review of physician's orders dated June 13, 2012, revealed "restart Abilify 5 mg (milligrams) po (by mouth) at hs (hour of sleep)."</p> <p>Review of facility documentation provided by the Director of Nursing (DON) revealed a "Note to Attending Physician/Prescriber" from the consultant pharmacist.</p>	F 428	<p><u>Requirement:</u> The drug regimen of each resident will be reviewed at least once a month by a licensed pharmacist. The pharmacist will report any irregularities to the attending physician, and the director of nursing, and these reports will be acted upon.</p> <p><u>Corrective Action:</u> 1. On 2/13/13 Assistant Director of Nursing contacted physician for resident #57 and had pharmacy recommendations addressed properly. 2. On 2/23/13 Director of Nursing and Assistant Director of Nursing performed audit to ensure recommendations made by pharmacy for residents of facility were addressed timely by attending physicians. 3. On 2/25/13 inservice conducted by Administrator with Director of Nursing and Assistant Director of Nursing concerning need to have pharmacy recommendations addressed timely by residents attending physician. 4. The facility Director of Nursing, Assistant Director of Nursing, and Staffing Coordinator will complete weekly audits X30 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.</p>	02/25/13	

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501		
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F 428	Continued From page 22 Continued review of the "Note to Attending Physician/Prescriber" dated with a "faxed" stamp of December 14, 2012, revealed "...antipsychotic medications need to be tapered periodically...the resident is on abilify 5 mg (milligrams) qd (every day). Please review the case and taper if possible..." Further review of the "Note to Attending Physician/Prescriber" revealed no signature or response from the attending prescriber. Continued review revealed a stamp, "A NO Response Requires Clinical Documentation in Chart." Interview with the DON on February 11, 2013, at 1:45 p.m., in the DON's office, confirmed the facility failed to receive a response from the attending physician and failed to act upon a recommendation from the consultant pharmacist.	F 428			
F 507 SS=D	483.75(j)(2)(iv) LAB REPORTS IN RECORD - LAB NAME/ADDRESS The facility must file in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to place laboratory reports in the medical record for one resident (#127) of thirty-eight residents reviewed. The findings included:	F 507	483.75(j)(2)(iv) Lab Reports in Record - Lab Name/Address SS=D <u>Requirement:</u> The facility will file in the resident's clinical record laboratory reports that are dated and contain the name and address of the testing laboratory. <u>Corrective Action:</u> 1. On 2/7/13 lab report for resident #127 was obtained by Assistant Director of Nursing and sent to attending physician for review. 2. On 2/23/13 Director of Nursing and Assistant Director of Nursing conducted audit of resident lab results not received on a daily basis. 3. On 2/23/13 inservice conducted by Director of Nursing with nursing personnel concerning the timely review of lab results. Lab results are to be placed in the resident's medical record in a timely fashion and need to have appropriate follow-up.		

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NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 444 ONE ELEVEN PLACE COOKEVILLE, TN 38501		
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F 507	<p>Continued From page 23</p> <p>Resident #127 was admitted to the facility on December 10, 2010, with diagnoses including COPD (Chronic Obstructive Pulmonary Disease), Malaise, DM2 (Diabetes Mellitus 2), Anxiety, hx (history) Prostate CA (cancer), Hypercholesterol, Diastolic Heart Failure, HTN (hypertension), Parkinson's, and Paranoid Schizophrenia.</p> <p>Medical record review of the Physician orders dated November 10, 2012, revealed "...Vitamin D q (every) 6 months..." Further review of the orders revealed an order dated January 3, 2013, "...Vitamin D q 6 months (resume lab)..."</p> <p>Medical record review of the laboratory reports revealed a lab collection for Vitamin D was conducted November 12, 2012, with results pending, but no results noted in the medical record.</p> <p>Interview with the Director of Nursing (DON), and Assistant Director of Nursing (ADON), in the DON office on February 6, 2013, at 2:05 p.m., confirmed the laboratory report from November 12, 2012, was not in the medical record and no follow up was done.</p>	F 507	4. The facility Director of Nursing, Assistant Director of Nursing, and Staffing Coordinator will complete weekly audits X30 days, if compliance is maintained decrease audits to monthly X3 months. Findings will be reviewed in Quality Assurance Committee.	02/23/13	